

44 Rec'd PC TO 18 NOV 1999

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	6224
	First Named Inventor	BARRESI et al.
	COMPLETE IF KNOWN	
	Application Number	09 / 355,987
	Filing Date	August 24, 1999
	Group Art Unit	
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Foundry Alloy

the specification of which (Title of the Invention)

☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) **08/24/1999** as United States Application Number or PCT International Application Number **09/355,987** and was amended on (MM/DD/YYYY) **08/24/1999** (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PO 5268	Australia	02/24/1997	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCT/AU98/0015	Australia	02/24/1998	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

095597-11399

Please type a plus sign (+) inside this box ☐

PTO/SB/01 (12-97)
 Approved for use through 9/30/00. QMB 0651-0032
 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains
 a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/AU98/00115	02/24/1998	

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Customer Number	<input type="checkbox"/> Registered practitioner(s) name/registration number listed below	Place Customer Number Bar Code Label here	
OR			
Name	Registration Number	Name	Registration Number
Edward J. Kondracki	Reg. No. 20,604		
Dennis P. Clarke	Reg. No. 22,549		
John C. Kerins	Reg. No. 32,421		
William L. Feeney	Reg. No. 29,918		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ Correspondence address below

Name	John C. Kerins		
Address	KERMAM, STOWELL, KONDRACKI, & CLARKE, P.C.		
Address	Two Skyline Place, Suite 600, 5203 Leesburg Pike		
City	Falls Church	State	VA
ZIP	22041		
Country	U.S.	Telephone	703-998-3302
Fax	703-998-5634		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Joseph Giovanni		BARRESI	
Inventor's Signature	Date		
<i>Joseph Barresi</i>	21/10/99		
Residence: City	State	Country	Citizenship
Mill Park		Australia	AU
Post Office Address			
17 Mary Byrant Court, Mill Park, Victoria 3082 AU			
Post Office Address			
City	State	ZIP	Country
Mill Park	Victoria	3082	Australia

☒ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

66877-1355560

Please type a plus sign (+) inside this box ☐PTO/SB/02A (3-97)
Approved for use through 9/30/98, OMB 0651-0032Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Page 1 of 2

Name of Additional Joint Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Malcolm James				COUPER			
Inventor's Signature	x <i>[Signature]</i>			Date	21/12/99		
Residence: City	Diamond Creek	State		Country	AU	Citizenship	AU
Post Office Address	49 Oronsay Crescent, Diamond Creek Victoria 3089 AU						
Post Office Address							
City	Diamond Creek	State		ZIP	3089	Country	Australia
Name of Additional Joint Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
David Henry				ST. JOHN			
Inventor's Signature	x <i>[Signature]</i>			Date	3/1/99		
Residence: City	Indooroopilly	State		Country	AU	Citizenship	AU
Post Office Address	26 Gladstone Street, Indooroopilly, Queensland 4068 Australia						
Post Office Address							
City	Indooroopilly	State		ZIP	4068	Country	AU
Name of Additional Joint Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Geoffrey Alan				EDWARDS			
Inventor's Signature	x <i>[Signature]</i>			Date	14/10/99		
Residence: City	Daisy Hill	State		Country	AU	Citizenship	AU
Post Office Address	18 Highview Terrace, Daisy Hill Queensland 4127 AU						
Post Office Address							
City	Daisy Hill	State		ZIP	4127	Country	AU

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0851-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Hao		WANG	
Inventor's Signature	Date		14/10/99
Residence: City	Annerley	State	Country AU
	Queensland		Citizenship Chinese
Post Office Address	14/29 Villa Street Annerley, Queensland 4103 AUSTRALIA		
Post Office Address	ANX		
City	Annerley	State	ZIP 4103
	Queensland		Country AU
Name of Additional Joint Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature	Date		
Residence: City		State	Country
			Citizenship
Post Office Address			
Post Office Address			
City		State	ZIP
			Country
Name of Additional Joint Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature	Date		
Residence: City		State	Country
			Citizenship
Post Office Address			
Post Office Address			
City		State	ZIP
			Country

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.